

CMTY:	ID:
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Dear Resident:

La Pintoresca is preparing to bring a new technology program to the community to help residents connect to the internet. The program, called “Lighthouse”, will install free Wi-Fi internet and distribute free technology devices to residents. We will also provide workshops to help you learn how to use your devices to talk to friends and family, access information on health and wellbeing, and connect to community resources.

Your opinions and experiences are important to making Lighthouse a successful program. **Please take a few minutes to fill out this survey by completing ALL of the questions and return it to Emilio by Monday, February 14<sup>th</sup> and receive a \$20 gift card to Vallarta Market. If you need help completing this survey, please contact Emilio Merino.**

<b>First Name:</b>	<b>Last Name:</b>
<b>Email:</b>	<b>Date:</b>
<b>Phone:</b>	<b>Room Number:</b>

<b>DEMOGRAPHICS</b>
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- A1. What is your YEAR of birth?** 19 \_\_\_\_ \_\_\_\_
- A2. What is your gender?**     Male                     Female                     Other
- A3. Which of the following best describes you?**
- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Hispanic or Latino        |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White or Caucasian        |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Multiracial or biracial   |
| <input type="checkbox"/> Filipino                            | <input type="checkbox"/> Other (specify):<br>_____ |

**A4. What language(s) do you prefer to use to communicate?****(CHECK ALL THAT APPLY)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> English    | <input type="checkbox"/> Russian                |
| <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish                |
| <input type="checkbox"/> Mandarin   | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Cantonese  | <input type="checkbox"/> Thai                   |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other (specify):       |
| <input type="checkbox"/> Farsi      | _____   |

**A5. What is your marital status?**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Married/Living with Partner | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed                     | <input type="checkbox"/> Single    |
| <input type="checkbox"/> Divorced                    |                                    |

**A6. What is your highest level of education that you have completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Never Attended School        | <input type="checkbox"/> Some College    |
| <input type="checkbox"/> Did not finish High School   | <input type="checkbox"/> College Degree  |
| <input type="checkbox"/> Completed High School or GED | <input type="checkbox"/> Graduate Degree |

**A7. In what country did you complete your highest level of school?**

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> US | <input type="checkbox"/> Outside of the US |
|-----------------------------|--|

**ENVIRONMENT**

*We want to understand your feelings on the environment around you – both in and outside your home.*

**B1. How easy is it for you to control lights in your home?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B2. How easy is it for you to get around your home safely and comfortably?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B3. Are you concerned about falling?**

( ) Yes                      ( ) No                      ( ) Not sure

**B4. How easy is it for you to get to places out of walking distance?**

	Somewhat	Somewhat	
Very Easy	Easy	Difficult	Very Difficult
( )	( )	( )	( )

**B5. Do you feel safe and secure in your home?**

( ) Yes                      ( ) No                      ( ) Not sure



**C4. How often do you feel you lack companionship?**

Never                      Hardly Ever                      Some of the Time                      Often  
( )                                      ( )                                      ( )                                      ( )

**C5. How often do you feel left out?**

Never                      Hardly Ever                      Some of the Time                      Often  
( )                                      ( )                                      ( )                                      ( )

**C6. How often do you feel isolated from others?**

Never                      Hardly Ever                      Some of the Time                      Often  
( )                                      ( )                                      ( )                                      ( )

**C7. Do you have access to all of the doctors and health services that you currently need?**

( ) Yes                      ( ) No                      ( ) Not sure

**C8. Do you have enough information about your health to help you take care of yourself?**

( ) Yes                      ( ) No                      ( ) Not sure

**FAMILY: Considering the people to whom you are related by birth, marriage, or adoption...****C9. How many relatives do you see or hear from at least once a month?**

( ) None                      ( ) 1                      ( ) 2                      ( ) 3 or 4                      ( ) 5 to 8                      ( ) 9 or more

**C10. How many relatives do you feel at ease with that you can talk about private matters?**

( ) None                      ( ) 1                      ( ) 2                      ( ) 3 or 4                      ( ) 5 to 8                      ( ) 9 or more

**C11. How many relatives do you feel close to such that you could call on them for help?**

None       1       2       3 or 4       5 to 8       9 or more

**FRIENDSHIPS: Considering all of your friends including those who live in your neighborhood and community...**

**C12. How many of your friends do you see or hear from at least once a month?**

None       1       2       3 or 4       5 to 8       9 or more

**C13. How many friends do you feel at ease with that you can talk about private matters?**

None       1       2       3 or 4       5 to 8       9 or more

**C14. How many friends do you feel close to such that you could call on them for help?**

None       1       2       3 or 4       5 to 8       9 or more

**The following question refers to how often you have felt or experienced certain things in the last two weeks:**

**C15. How often do you have negative feelings such as blue mood, despair, anxiety, depression?**

Never                  Seldom                  Quite often                  Very often                  Always

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## TECHNOLOGY AND INTERNET

*We want to understand what types of technology you're comfortable and familiar with, and any interest in trying new technologies.*

<b>D1. What electronic devices do you have?</b>	<b>D2. How frequently do you use each device?</b>			
<input type="checkbox"/> Laptop	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Desktop computer	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Tablet/iPad	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Smartphone (iPhone or Android)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Amazon Alexa or Google Home	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Television	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day
<input type="checkbox"/> Other: _____ —	<input type="checkbox"/> Never	<input type="checkbox"/> Less than once/week	<input type="checkbox"/> 1 to 3 times/week	<input type="checkbox"/> At least once/day

**D3. Do you have an email account?**

Yes                       No                       Not sure

**D4. Do you pay for home internet services? (This does not include your phone plan.)**

Yes                       No                       Not sure

**D5. I feel comfortable using technology and devices (internet, computer, laptop, tablet, or smartphone).**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D6. I can look up the information I need on the internet.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7. I believe technology (electronic devices or the internet) helps me to live well and independently.**

Strongly Agree	Somewhat Agree	Not Sure	Somewhat Disagree	Strongly Disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D8. I currently use the following technology to stay connected to my friends and family:**

**(CHECK ALL THAT APPLY)**

- Text Messaging  
 Email  
 Video Calls  
 Phone Calls (Voice Only)  
 Other: \_\_\_\_\_

**D9. I currently use electronic devices or the internet for entertainment.**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly<br>Agree        | Somewhat<br>Agree        | Not Sure                 | Somewhat<br>Disagree     | Strongly<br>Disagree     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D10. I currently use electronic devices or the internet to keep me healthy and active.**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly<br>Agree        | Somewhat<br>Agree        | Not Sure                 | Somewhat<br>Disagree     | Strongly<br>Disagree     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D11. I currently use the following technology to stay connected to my doctor**

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Phone                    | Desktop Computer/Laptop  | Tablet/iPad              | None                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**END OF SURVEY**

**Thank you for completing this survey! Please return this form Emilio by Monday, February 14<sup>th</sup> to receive a \$20 gift card to Vallarta Market.**

**As a reminder, if you need clarification on any of these questions, please talk to Emilio when returning your survey.**

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**FOR STAFF ONLY:**

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**Did resident receive assistance in filling out survey?**

**Yes            No**

**All questions complete?**

**Including free entry boxes, if resident selected "Other" at A3, A4, C3, D1, D2.**

**Yes            No**